

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005862

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 100

Primary Registration District No.

Registrar's No. 14

FILED FEB 18 1963

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Mo. b. COUNTY Dent	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem Mo.		c. CITY OR TOWN Salem Mo.	
Length of stay in 1b 4yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At His Home		d. STREET ADDRESS (If outside, give location) 201 East Franklin	
3. NAME OF DECEASED (Type or print) First JAMES Middle B. Last BULLOCK		4. DATE OF DEATH Month Feb- Day 14 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-14-87
9. AGE (last birthday) 75		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) A.I.A.T. Employee		10b. KIND OF BUSINESS OR INDUSTRY Telephone	
11. BIRTHPLACE (City and state or country) Sedalia Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JOHN BULLOCK		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Bessie E. Bullock		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NONE	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address MRS. BESSIE BULLOCK Salem M	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction DUE TO (b) Coronary atherosclerosis DUE TO (c) Generalized arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH Immediate	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from January, 1963 to February 14, 1963 and last saw him alive on 2-13-63		Death occurred at 6:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE B. J. Bass, M.D. (Degree or title)		22b. ADDRESS 4th & Pershing, Salem, Mo.	
22c. DATE SIGNED 2-16-63		23a. BURIAL, CREMATION, REMOVAL (Specify) removal	
23b. DATE 2-18-63		23c. NAME OF CEMETERY OR CREMATORY Decatur	
23d. LOCATION (City, town, or county) Decatur Ill (State)		24. FUNERAL DIRECTOR ADDRESS Spencer Funeral Home Inc Salem	
25. DATE RECD. BY LOCAL REG. 2-16-63		26. REGISTRAR'S SIGNATURE M.M. Hart, M.D.	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

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Rev. 4/59

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MAR 11 1963

MAR 13 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Carl H. J. [Signature]

Licensed Embalmer No.

2370

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.